



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2543315
Outpatient Patient Service Revenue	\$59384242
Total Gross Patient Service Revenue	\$61927557

2. Deductions From Revenue

Contractual Allowance	\$40569306
Other Deductions	\$1815808
Total Deductions	\$42385114

3. Total Operating Revenue

Net Patient Service Revenue	\$18771349
Other Operating Revenue	\$363169
Total Operating Revenue	\$19134518

4. Operating Expenses

Salaries and Wages	\$3240180	Employee Benefits	\$982234
Depreciation and Amortization	\$666836	Interest Expense	\$0

Bad Debt	\$795703	Other Expenses	\$11264335
Total Operating Expenses	\$16949288		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2980932	Total Assets	\$11878135
Net Non-operating Gains over Loss	\$10031	Total Liabilities	\$13502155
Total Net Gains	\$2990963		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25240412	\$16861664	\$8378748
Medicaid	\$17440378	\$13875687	\$3564691
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19246768	\$5291173	\$13955595
Total	\$61927558	\$36028524	\$25899034

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$63879	\$-63879

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$1382

Statement Six: Charity Statement

Hospital Charity Charges	\$6331989
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1542760	
HCI Payments	\$0		
Subtotal	\$0	\$1542760	\$-1542760
Medicaid Shortfalls	\$3525523	\$5117358	
Subtotal	\$3525523	\$6660118	\$-3134595
DSH Payments	\$2,196,998		
Subtotal	\$5722521	\$6660118	\$-937597
Medicare Shortfalls	\$6211215	\$6149717	
Other Government Programs	\$0	\$0	
Total	\$11933736	\$12809835	\$-876099

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$122708	\$-122708
Community Assessment	\$0	\$7463	\$-7463
Provision of Taxes	\$0	\$868085	\$-868085
Other Allocations	\$0	\$0	\$0

Comments

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